

**SUPPLEMENT TO HIV/AIDS SURVEILLANCE (SHAS)  
PROJECT  
LOS ANGELES COUNTY**

**ANNUAL REPORT  
JUNE 2002**



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## Introduction

The Supplement to HIV/AIDS Surveillance (SHAS) Project is a U.S. Centers for Disease Control and Prevention (CDC)-sponsored interview study designed to obtain supplemental descriptive information on persons diagnosed with AIDS. The project began in 1990 and is conducted in Los Angeles County and 18 other U.S. sites. Persons with AIDS who are at least 18 years of age and reported to the Los Angeles AIDS Case Registry are eligible to participate in SHAS.

In Los Angeles County, SHAS is population-based and therefore is designed to represent all persons diagnosed with AIDS in this county. The SHAS study is the only population-based study of risk behaviors among persons diagnosed with AIDS in Los Angeles County. We also include HIV-infected women treated at one large public HIV clinic. Patients are contacted through their providers at all sites that diagnose and report persons with AIDS. Trained interviewers administer a standardized questionnaire to participants within two years of their AIDS diagnosis, either as part of a routine visit to a medical facility or at another mutually agreed upon location. The SHAS questionnaire, developed in consultation with the state/local SHAS project officers, CDC epidemiologists, and subject area consultants, includes information on demographics; sexual behaviors and STD history; drug and alcohol use; reproductive/gynecological history; HIV testing and medical therapy; and health and social services.

SHAS data are used at the state and local levels to inform policy makers and others involved in HIV prevention and care. At the national level, these data are used to enhance HIV/AIDS surveillance information used for planning and allocation of resources. A list of national and local publications on SHAS data is included. This annual report describes the demographic characteristics, sexual and drug-using behaviors, HIV testing history, and health care utilization of Los Angeles SHAS participants who were interviewed from 1990 to 2002. Some of the SHAS questions were only asked in certain years requiring different time periods for some of the data presented.

**Table 1. Demographic and Other Characteristics of SHAS Participants, 1990 - 2002**

<b>Characteristics</b>	<b>Male</b>		<b>Female</b>		<b>All</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>Age (at enrollment)<sup>1</sup></b>						
< 20	2	<1%	5	<1%	7	<1%
20-29	411	16%	123	23%	534	17%
30-39	1206	46%	202	38%	1408	44%
40-49	731	28%	139	26%	870	27%
50+	299	11%	69	13%	368	12%
<b>Race/Ethnicity</b>						
Latino	1287	48%	502	55%	1789	50%
White	856	32%	116	13%	972	27%
African-American	448	17%	270	30%	718	20%
Asian	58	2%	10	1%	68	2%
Others/Unknown	56	2%	7	1%	63	2%
<b>HIV Exposure Category<sup>2</sup></b>						
MSM	115	46%	-	-	115	35%
IDU	17	7%	8	10%	25	8%
Heterosexual	69	28%	57	69%	126	38%
Other/Unknown	48	19%	18	22%	66	20%
<b>Sexual Orientation<sup>3</sup></b>						
Heterosexual	557	36%	521	95%	1078	51%
Homosexual	689	44%	11	2%	700	33%
Bisexual	262	17%	13	2%	275	13%
Other/refused/don't know	56	4%	4	1%	60	3%
<b>Marital Status</b>						
Single, never married	1741	64%	374	41%	2115	59%
Married	302	11%	164	18%	466	13%
Divorced	239	9%	105	12%	344	10%
Live with Partner	250	9%	65	7%	315	9%
Separated	113	4%	66	7%	179	5%
Widowed/Other	60	2%	131	15%	191	5%
<b>Level of Education</b>						
Less than high school	831	31%	509	56%	1340	37%
High school graduate	671	25%	208	23%	879	24%
College	1203	44%	188	21%	1391	39%
<b>Employment Status</b>						
Employed	858	32%	158	17%	1016	28%
Unemployed	1847	68%	747	83%	2594	72%
<b>Type of Health Care Site</b>						
Public	2137	79%	823	91%	2960	82%
Private	537	20%	71	8%	608	17%
Other/refused to answer	30	1%	10	1%	40	1%
<b>Insurance Coverage</b>						
Yes	1818	67%	614	68%	2432	68%
No	879	33%	286	32%	1165	32%
<b>TOTAL</b>	<b>2705</b>	<b>75%</b>	<b>905</b>	<b>25%</b>	<b>3610</b>	

<sup>1</sup> Does not include HIV-positive women who have not progressed to AIDS.

<sup>2</sup> Includes data from interviews conducted from September 2000 – March 2002.

<sup>3</sup> Includes self-reported sexual orientation from interviews conducted from January 1995 – March 2002.

**Table 2. Sexual Behaviors in the Past 12 Months and During Last Sexual Intercourse, 2000 - 2002.\***

<b>Males (n=249)</b>			
<b>In the past 12 months</b>		<b>N</b>	<b>%</b>
<b>Sexual intercourse</b>			
Yes		146	59%
No		101	41%
<b>Sex with male(s)</b>			
Yes		73	50%
No		73	50%
<b># male partners</b>			
1 – 4		56	77%
5 – 10		9	12%
Over 10		8	11%
<b>Sex with female(s)</b>			
Yes		76	52%
No		70	48%
<b># female partners</b>			
1 – 4		67	88%
5 – 10		3	4%
Over 10		5	7%
<b>Sex with males and females</b>			
Yes		6	4%
No		67	96%
<b>During Last Sexual Intercourse</b>			
<b>High on drugs or alcohol</b>			
Yes		20	14%
No		126	86%
<b>Unprotected sex with a male or female</b>			
Yes		61	42%
No		85	58%
<b>Sex with an HIV-positive partner</b>			
Yes		69	47%
No		77	53%
<b>Females (n=83)</b>			
<b>In the Past 12 Months</b>			
<b>Sexual intercourse</b>			
Yes		52	63%
No		31	37%
<b>Sex with male(s)</b>			
Yes		51	98%
No		1	2%
<b># male partners in past 12 months</b>			
1 – 4		51	100%
5 – 10		0	0
Over 10		0	0
<b>Sex with female(s)</b>			
Yes		0	0
No		52	100%
<b>During Last Sexual Intercourse</b>			
<b>High on drugs or alcohol</b>			
Yes		8	15%
No		44	85%
<b>Unprotected vaginal or anal sex with a male</b>			
Yes		33	63%
No		19	37%
<b>Sex with an HIV-positive partner</b>			
Yes		28	54%
No		24	46%

\* Data on males and females diagnosed with AIDS and HIV-infected women at one large public clinic.

**Table 3. Alcohol and Drug Use - Interviews Conducted from 1995 - 2000.**

	<b>Males (n=1312)</b>		<b>Females (n=549)</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>Used alcohol in past 5 years?</b>				
Yes	1091	83%	324	59%
No	221	17%	225	41%
<b>Ever used non-injecting drugs?</b>				
Yes	782	60%	224	41%
No	530	40%	325	59%
<b>Used non-injection drugs in past 5 years?</b>				
Yes	580	74%	166	74%
No	202	26%	58	26%
<b>Non-injection drugs used in past 5 years</b>				
Heroin	45	8%	28	17%
Cocaine	274	47%	71	43%
Crack (smoking)	189	33%	98	59%
Methamphetamines	36	6%	8	5%
Valium or other benzodiazepines	54	9%	19	11%
PCP, LSD, Ketamine, hallucinogens	49	8%	14	8%
Barbiturates, downers	29	5%	11	7%
Marijuana, hashish, or THC	446	77%	113	68%
Nitrites ("poppers", "rush", "hardware")	67	12%	1	1%
Amphetamines/Speed (pills)	142	24%	26	16%
Other/unknown drug	34	6%	2	1%
<b>Used injection drugs (ever)?</b>				
Yes	194	15%	75	14%
No	1118	85%	474	86%
<b>Injection drugs used (ever)</b>				
Heroin	101	53%	53	71%
Cocaine	29	15%	4	5%
Heroin and cocaine ("speedball")	56	29%	46	61%
PCP, Ketamine, hallucinogens	11	6%	3	4%
Barbiturates	18	9%	8	11%
Stimulants/amphetamines/meth	83	43%	15	20%
<b>Injected in past year?</b>				
Yes	46	24%	21	28%
No	148	76%	54	72%
<b>How often injected drugs in past year</b>				
Once a month or less	18	45%	4	19%
Once a week	5	13%	0	0
Several times a week	7	18%	3	14%
Once a day	2	5%	3	14%
Several times a day	8	20%	11	52%
<b>Share needles in past year?</b>				
Yes	14	30%	12	57%
No	32	70%	9	43%
<b>How often shared needles in past year</b>				
Sometimes (less than half the time)	6	43%	7	58%
Usually (more than half the time)	2	14%	3	25%
Every time	6	43%	1	8%
Don't know / not sure	0	0%	1	8%

**Table 4. Reproductive/Gynecological History among Female SHAS Participants Interviewed 1992 – 2002.**

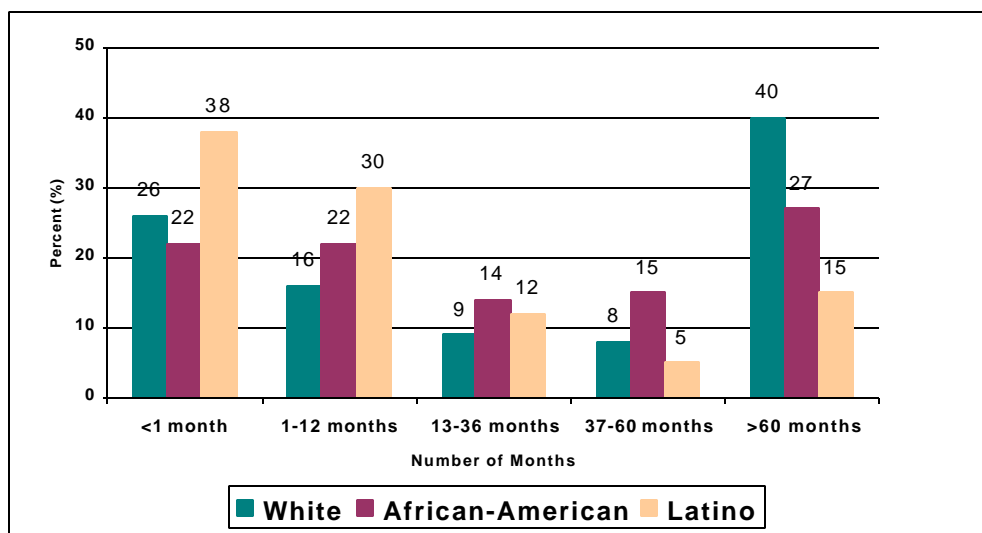
	<b>Females (N=903)</b>	
	<b>N</b>	<b>%</b>
<b>Ever had a pelvic examination?</b>		
Yes	889	98%
No	18	2%
<b>Ever had a Pap smear?</b>		
Yes	845	94%
No	58	6%
<b>Ever had an abnormal Pap smear?</b>		
Yes	315	37%
No	530	63%
<b>Did you receive a follow-up exam for abnormal Pap smear or treatment?</b>		
Yes	285	90%
No	30	10%
<b>Birth control methods used in the past year:</b>		
Condom	346	53%
Abstinence	182	29%
Depo-provera (injectable hormone) <sup>1</sup>	52	12%
Birth control pills	72	11%
Spermicide (foam or jelly)	59	9%
Hysterectomy/post menopausal <sup>1</sup>	23	5%
Did not use any form of birth control in the past year	130	17%
<b>Have you ever been pregnant?</b>		
Yes	821	91%
No	82	9%

<sup>1</sup> Question asked from 1994 to present.



**Figure 1.**

**Time between First Learned of HIV+ Status and AIDS Diagnosis (n=1,221),  
by Race/Ethnicity, SHAS Project, Los Angeles County, 1997-2001**



Source: HIV Epidemiology Program, LACDHS

Data as of January, 2002

The figure above shows the number of months between an HIV and an AIDS diagnosis for participants by race/ethnicity for 1997-2001. Thirty-eight percent of Latinos received their HIV diagnosis within one month of their AIDS diagnosis; 22% of African Americans, and 26% of whites received their HIV diagnosis within one month of their AIDS diagnosis. Forty percent of whites received an AIDS diagnosis greater than 60 months (5 years) after the HIV diagnosis.

**Table 5. Medical Service Information among SHAS Participants Interviewed 1995 – 2000.**

	Males (n=1356)		Females (n=566)	
<b>Tested negative before first positive HIV test?</b>				
Yes	429	32%	184	33%
No	927	68%	382	67%
<b>Main reason tested for HIV</b>				
Illness (pneumonia, weight loss, etc.)	743	55%	176	31%
In known risk group for HIV infection	231	17%	18	3%
Other <sup>1</sup>	115	10%	91	16%
Sex partner contact	105	9%	110	20%
Doctor's recommendation	56	4%	20	4%
Offered at clinic	48	4%	122	22%
Blood donor	19	1%	5	1%
Jail or prison screening	17	1%	8	1%
Surgery (pre-op)	16	1%	10	2%
<b>Location of first positive HIV test</b>				
Hospital (inpatient)	428	33%	135	25%
Private physician's office	310	24%	78	14%
HIV counseling and test site	259	20%	109	20%
Other clinic <sup>2</sup>	213	16%	76	14%
STD clinic	44	3%	20	4%
Hospital emergency room	28	2%	3	1%
Correctional facility	31	2%	17	3%
Family planning clinic	4	< 1%	37	7%
Prenatal/obstetrics clinic	-	-	73	13%
<b>Received health care referral at first positive HIV test?</b>				
Yes	1035	76%	459	81%
No	321	24%	107	19%
<b>Facility type for HIV medical care in past 12 months</b>				
Community clinic, public health clinic, or county clinic	1010	74%	487	86%
Private physician office or private clinic	213	16%	43	8%
Health maintenance organization (HMO)	93	7%	19	4%
VA facility	26	2%	4	1%
Other facility	6	< 1%	3	1%
Did not receive medical care in past 12 months	7	< 1%	6	1%
<b>Number of hospital visits in past 12 months<sup>3</sup></b>				
0	644	47%	357	63%
1	436	32%	131	23%
2 – 5	259	19%	76	13%
More than 5	16	1%	2	< 1%
<b>CD-4 count at most recent measurement (ug/dl)</b>				
Less than 200	655	49%	192	35%
200 – 499	343	26%	196	36%
500 – more	58	4%	70	13%
Don't know	275	21%	87	16%

<sup>1</sup> Includes insurance examination, military recruitment, amnesty program for immigration/naturalization, and needle stick follow-up.

<sup>2</sup> Includes drug treatment centers, TB clinics, blood banks, and AIDS/infectious disease clinics.

<sup>3</sup> Does not include emergency room visits.

**Table 6. Healthcare Utilization by Race/ethnicity among SHAS Participants Interviewed 1995 - 2000.**

	Latino	White	Afr. Amer.	Other	Asian	Total
	(N=1024)	(N=410)	(N=417)	(N=42)	(N=30)	(N=1923)
	%	%	%	%	%	%
<b>When you were first told you were infected with the AIDS (HIV) virus, were you told where you should go for health care?</b>						
Yes	86	70	78	81	73	80
No	14	28	20	19	27	19
Don't know	0	1	2	0	0	1
<b>During the past 12 months, where did you most often go to get medical care for your HIV infection?</b>						
Community clinic, public						
Health clinic, or county clinic	88	54	78	64	60	78
Private	5	33	12	17	20	13
HMO	4	9	6	10	17	6
VA hospital/clinic	1	2	2	10	0	2
No medical care	1	1	<1	0	3	1
ER in hospital	<1	<1	<1	0	0	<1
Other facility	<1	1	<1	0	0	<1
<b>Do you currently have health care insurance, including government-sponsored insurance such as Medicaid?</b>						
Yes	60	78	78	86	60	69
No	39	22	21	14	40	31
Don't know	1	0	<1	0	0	<1
<b>What kind of health care insurance do you mainly use to pay for health care?</b>						
Medi-Cal	73	44	73	56	33	65
Private/HMO/employer paid	11	26	15	14	39	16
Private/HMO/employee paid	3	22	4	11	17	8
State-funded assistance	8	1	3	3	0	5
Medicare	1	3	3	0	11	2
Other insurance	4	2	2	17	0	4

**Table 7. SHAS Participants' Knowledge of Community Support Groups and Organizations by Service Planning Area (SPA), 1997 - 2000.**

	<b>SPA1 (AV) (N=38) %</b>	<b>SPA2 (SFV) (N=454) %</b>	<b>SPA3 (SGV) (N=225) %</b>	<b>SPA4 (METRO) (N=1070) %</b>	<b>SPA5 (WEST) (N=123) %</b>	<b>SPA6 (SOUTH) (N=305) %</b>	<b>SPA7 (EAST) (N=247) %</b>	<b>SPA8 (SB) (N=198) %</b>
<b>Do you know of support groups or organizations in your community that can provide you with:</b>								
<b>Mental health counseling?</b>								
Yes	71	75	64	76	80	64	63	69
No	29	25	36	24	20	36	37	31
<b>Social work services?</b>								
Yes	66	69	64	70	73	62	66	60
No	34	31	36	30	27	38	34	40
<b>Assistance in finding an MD?</b>								
Yes	61	62	55	64	59	52	51	58
No	39	38	45	36	41	48	49	42
<b>Home health services?</b>								
Yes	68	64	55	65	72	53	52	56
No	32	36	45	35	28	47	48	44
<b>Assistance in finding shelter?</b>								
Yes	64	61	48	63	65	57	48	48
No	36	39	52	37	35	43	52	52
<b>Assistance in finding meals?</b>								
Yes	61	75	61	76	78	66	63	57
No	39	25	39	24	22	34	37	43
<b>Transportation assistance?</b>								
Yes	72	66	56	71	70	63	57	54
No	28	34	44	29	30	37	43	46
<b>Childcare assistance?</b>								
Yes	39	37	33	38	43	39	28	31
No	61	63	67	62	57	61	72	69

**Table 8. Antiretroviral Therapy Compliance among SHAS Participants Interviewed 1997 – 2002**

	Males (N=1242)		Females (N=291)	
	N	%	N	%
<b>Ever taken antiretroviral medicines (ARVT) for HIV infection<sup>1</sup></b>				
Yes	919	74%	268	92%
No	323	26%	23	8%
<b>How often taking medication exactly as prescribed in the past month?<sup>2</sup></b>				
Rarely or never	10	1%	5	2%
Sometimes	39	5%	17	7%
Usually	143	17%	45	18%
Always	666	78%	179	73%
<b>Reason for not taking pills as prescribed<sup>1</sup></b>				
Don't like the side effect	54	28%	20	30%
Often forget them	70	37%	29	43%
Can't fit into daily routine	47	24%	13	19%
On too many medications	5	3%	9	13%
<b>Took a 'drug holiday' from the medication in the past year<sup>2</sup></b>				
Yes	46	25%	17	26%
No	138	75%	48	74%
<b>Main reason for taking a 'drug holiday':<sup>2</sup></b>				
My doctor told me to	5	11%	3	18%
Medication has side effects/makes me feel bad	6	13%	1	6%
I felt good/I didn't think it would hurt not to take it	2	4%	1	6%
I just got tired of taking them/I needed a break	3	7%	5	29%
I ran out of medicine	4	9%	1	6%
I couldn't get my medicines due to incarceration	3	7%	0	0%
I was partying (using drugs/alcohol)	7	15%	0	0%
I was someplace where I couldn't get my medications	10	22%	3	18%
<b>Ever stopped taking HIV/AIDS meds in the past<sup>1</sup></b>				
Yes	490	53%	154	57%
No	429	47%	114	43%
<b>Reasons for stopping these medicines:<sup>3,4</sup></b>				
Doctor told you to stop	295	76%	63	51%
Developed 'drug resistance'	64	16%	12	10%
Drug did not work from the start	62	16%	7	6%
Side effects	305	78%	73	59%
Doctor switched you to another drugs	217	56%	75	60%
You prefer alternative therapies	33	9%	18	15%
<b>Doctor ever discussed 'drug resistance' problem with you<sup>1</sup></b>				
Yes	738	86%	213	87%
No	120	14%	33	13%
<b>Ever in a clinical research study of HIV/AIDS meds<sup>2</sup></b>				
Yes	35	18%	16	23%
No	159	82%	54	77%
<b>Currently in a clinical research study of HIV/AIDS meds<sup>1</sup></b>				
Yes	70	10%	21	11%
No	630	90%	169	89%
<b>Main reason not participating in the clinical trial:<sup>2</sup></b>				
I didn't know about the research	115	71%	36	67%
I didn't want to be a 'guinea pig'	15	9%	5	9%
I didn't qualify	12	7%	4	7%

<sup>1</sup> Question asked from 05/1997 to present.

<sup>2</sup> Question asked from 09/2000 to present.

<sup>3,4</sup> Question asked from 05/1997 to 08/2000. Participants could elect more than one option.

### National SHAS Peer-Reviewed Publications

1. Campsmith ML, Nakashima AK, Jones JL. Association between crack cocaine use and high-risk sexual behaviors after HIV diagnosis. *JAIDS*. 2000;25:192-198.
2. Lansky A, Nakashima AK, Diaz T, Fann SA, Conti L, Herr M, Smith D, Karon J, Jones JL, Ward JW. HIV/AIDS in the rural southeastern United States: contributions of migration and behavior. *J Rural Health*. 2000;16:20-30.
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6. Sullivan PS, Nakashima AK, Purcell D, Ward JW, the SHAS Project Group. Geographic differences in non-injection and injection substance use among HIV-seropositive men who have sex with men (MSM): western United States versus other regions. *JAIDS*. 1998;19:266-273.
7. CDC. Risks for HIV infection among persons residing in rural areas and small cities-selected sites, Southern United States, 1995-1996. *MMWR* 1998;47:974-978.
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9. Greene VA, Chu SY, Diaz T, Schable B. Oral health problems and use of dental services among HIV-infected adults. Supplement to HIV/AIDS Project Group. *J Amer Dental Assoc*. 1997;128:1417-22.
10. Diaz T, Klevens M, the SHAS Project Group. Differences by ancestry in sociodemographics and risk behaviors among Latinos with AIDS. *Ethnicity Dis*. 1997;7:200-206.
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### Local SHAS Peer-Reviewed Publications

1. Sorvillo F, Kerndt P, Odem S, et al. Use of protease inhibitors among persons with AIDS in Los Angeles County. *AIDS Care*. 1999, Vol. 11, No. 2:147-155.
2. Simon PA, Thometz E, Bunch JG, Sorvillo F, Detels R, Kerndt PR. Prevalence of unprotected sex among men with AIDS in Los Angeles County, California, 1995-1997. *AIDS*. 1999;13:987-990.
3. Wohl AR, Lu S, Odem S, Sorvillo F, Pegues CF, Kerndt P. Sociodemographic and behavioral characteristics of African-American women with HIV and AIDS in Los Angeles County, 1990-1997. *JAIDS*. 1998;19:413-420.
4. Sorvillo FJ, Kovacs A, Kerndt P, Stek A, Muderspach L, Sanchez-Keeland L. Risk factors for trichomoniasis among women with HIV infection at a public clinic in Los Angeles County; Implications for HIV prevention. *Am J Trop Med Hyg*. 1998;58:495-500.
5. Sorvillo F, Kerndt P. *Trichomonas vaginalis* and amplification of HIV-1 transmission. *Lancet*. 1998; 351:213-214. (letter)
6. Sorvillo F, Kerndt P, Odem SL. The use of protease inhibitors among persons with AIDS in Los Angeles County. *JAIDS*. 1997;15:179-81. (letter)
7. Simon P, Bruce R, Kerndt P. Late HIV diagnosis. *West J Med*. 1995;163:83. (letter)
8. Simon P, Sorvillo F, Lapin R. Racial differences in the use of drug therapy for HIV disease. *N Engl J Med*. 1994;331:333-334. (letter)

### Manuscript in Process:

Frequent failed early HIV detection in a high prevalence area. (In revision)

### Presentations/Abstracts:

1. Johnson D. *Factors associated with HIV/AIDS risk and infection among men who have sex with men in Los Angeles County: Results from the Young Men's Survey and the SHAS Project*. Presented at Universitywide AIDS Research Conference, Sacramento, Ca., Feb. 22, 2002 and UCLA Lecture Series, Los Angeles, Ca., Jan. 25, 2002.
2. Johnson D, Wohl A, Lu S, Carruth A, Castillon M, Jimenez J, and Bunch G. *Factors associated with unprotected sex among MSM with AIDS in Los Angeles County, 1996 – 1999*. Poster presentation at CDC Western Regional Meeting, University of Southern California, Los Angeles, Nov. 26-27, 2001.
3. Espinoza L. *Perception of risk among HIV-infected women, Los Angeles County, 1991-1999*. Poster presentation at 2001 National HIV Prevention Conference, Atlanta, Ga., 2001.
4. Espinoza L. *Latinas and HIV/AIDS in Los Angeles County*. Presented at The Wall de Las Memorias, World AIDS Day, Los Angeles, Ca., Dec. 1, 2000.



5. Chen A. *Is the use of HAART among AIDS patients associated with high-risk sexual behavior?* Presented at West Coast Epidemiology Conference, Los Angeles, Ca., 2000.
6. Espinoza L. *Perception of risk among HIV-Infected women, Los Angeles County, 1991-1999.* Presented at the Los Angeles County HIV Prevention Planning Committee Meeting, Los Angeles, Ca., 2000.
7. Sorvillo F, Kerndt P. *Early detection of HIV; Successes and failures.* Presented at the XI International Conference on AIDS, Geneva, 1998.
8. Odem SL, Sorvillo F, Kerndt P. *Use of protease inhibitors among women with AIDS.* Presented at the National Conference on Women and HIV in Los Angeles, 1997.
9. Bruce R, Simon P, Kerndt P. *Late HIV diagnoses among persons reported with AIDS in Los Angeles County.* Presented at the National Conference of Human Retroviruses and Related Infections in Washington, 1995.
10. Simon P, Sorvillo F, Kerndt P. *Socioeconomic differences between native-born and immigrant Latinos with AIDS in Los Angeles County.* Presented at the IXth International Conference on AIDS in Berlin, Germany, 1993.
11. Lapin R, Sorvillo F, Kerndt P. *An evaluation of apparent disparities in medical care quality among minority AIDS patients in Los Angeles.* Presented at the IXth International Conference on AIDS in Berlin, Germany, 1993.